## **DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

## Request for Child Protective Services Background Check for Certain Purposes

The purpose of this form is to gather information and authorization to complete a Child Protective Services (CPS) background check from Wisconsin's county administered child protective services data system. CPS information may be released as allowed by Wisconsin Statute Section 48.981(7).

## A separate form must be completed for each individual background check request.

The completed form can be emailed as a scanned document to <a href="mailto:CWBckgrdRequests@wisconsin.gov">CWBckgrdRequests@wisconsin.gov</a> or faxed to (608) 226-5521. Hand-written signatures are required.

You should receive a response from our staff within 10 working days of the date the request was received by our agency. Please do not send a duplicate request. If you have not received contact from our staff within 10 working days after the submission of the form, you may send an inquiry only email to <a href="mailto:CWBckgrdRequests@wisconsin.gov">CWBckgrdRequests@wisconsin.gov</a>. Be sure to include the person's name for which you had initially submitted the background check request.

If you are not an entity listed below, or you are not requesting information based on the criteria listed below, you may be eligible to request other types of background check information and a criminal history report from the Wisconsin Department of Justice (DOJ) at: http://www.doj.state.wi.us/dles/cib/background-check-criminal-history-information.

\*Provision of a Social Security Number (SSN) is voluntary. Not providing it could result in an information processing delay.

DECUESTING A SENSYINESDIMATION				
REQUESTING AGENCY INFORMATION				
Information for individual for which the cps background check is being requested  Name (Last, First, Middle)  Social Security Number*		Birthdate		
rvarie (Last, Frist, Wildale)	Obolai Ocoanty Namber	Birtidate		
Provide other legal names (maiden, married, hyphenated names). Also include names used that were not legal changes, alternate spellings of names, and initials used as names, e.g. TJ.				
PURPOSE OF REQUEST				
Public, tribal or private licensed child placing agency	/ In State	Out-Of-State		
Foster Home License				
Adoptive Home License / Approval				
Out of state child welfare-governmental entity, or licensed child welfare private agency under contract with an out of state child welfare governmental entity to perform the entity's public child welfare functions				
A Governmental Agency's Child Protective Service Intervention				
Employment or volunteer background check necessary for the child welfare governmental entity to carry out its responsibility to protect children from abuse or neglect				
Out-of-State Child Care-governmental entity to meet its responsibility to protect children from abuse or neglect				
Out of State Government Public Law Enforcement Agency for purposes of investigation or prosecution				
In State employment or contractors background check necessary for the Department of Corrections to carry out its responsibility to protect children from abuse or neglect				
AGENCY REQUESTING CONTACT INFORMATION	N			
Name of Entity or Agency Requesting Information	Name – Agency Contact Person	Name – Agency Contact Person		
SD DSS - Office of Licensing & Accreditation				
Telephone Number – Entity or Agency Contact Person Email – Agency Contact Person				
605-773-3612	DSSCRS@state.sd.us	DSSCRS@state.sd.us		
SIGNATURE – Representative from entity or agency requesting information Date Signed				

**PRINT NAME** – Representative from entity or agency requesting information

## **AUTHORIZATION OF INDIVIDUAL**

I give permission to the Wisconsin Department of Children and Families to share CPS report information with the agency listed for purposes of adoption or foster home licensing; employment; or volunteer work. I certify that the information provided in this form is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under criminal penalties per Statute Section 948.38.

SIGNA	TURE – Individual who is the subject of the CPS Background check	Date Signed	Print Name
SIGNA	TURE – Witness	Date Signed	Print Name
Wiscon this sys individu include worked the pres	E NOTE: Wisconsin does not have a child abuse and neglect sin has been fully implemented statewide since January 1, 20 stem. For a complete CPS history check, please contact the Cual lived or worked. If the person lived or worked in Wiscons d in the search results, then the request should be sent to ea during those dates previous to 2005. Those local office(s) we sent time. *The following web address will provide you with the sin Wisconsin: https://dcf.wisconsin.gov/reportabuse	005, but there is lir CPS agency direct in prior to 2005 an ch county CPS ag ill also complete t	nited CPS information available in ly in the county(ies) where the d the dates prior to 2005 must be ency where the person lived or he statewide search from 2005 to
County-sp	st via this form that is emailed to <a href="mailto:CWBckrdRequests@wisconsin.gov">CWBckrdRequests@wisconsin.gov</a> or faxed to 60 secific CPS background check history, including CPS history prior to the 2005, but a CPS history in a non-Milwaukee Wisconsin county before January 1, 2005, the local county before January 1,	will not include CPS his	tory from a non-Milwaukee county prior to
	FOR DCF OFFICE STAFF RESULTS OF BACKGROUND CHECK D		DINGS
Based	on the available information in our automated child welfare data informati	on system, the followi	ng information was found.
	No relevant history after January 1, 2005 for this request was found in the	ne Wisconsin data sys	tem.
	Possible relevant information was found. Please contact		
	county(ies) for verification. County agency contact information can be ob	otained at <u>https://dcf.w</u>	visconsin.gov/reportabuse
	Agency requesting information is not authorized to obtain information via types of background information via the Wisconsin Department of Justic		

Department of Children and Families Division of Safety and Permanence 201 E Washington St. Madison, WI 53703